

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**10/049211**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51					
2							52					
3							53					
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47							97					
48							98					
49							99					
50							100					
<b>TOTAL IND.</b>	<b>3</b>						<b>TOTAL IND.</b>					
<b>TOTAL DEP.</b>	<b>34</b>						<b>TOTAL DEP.</b>					
<b>TOTAL CLAIMS</b>	<b>37</b>						<b>TOTAL CLAIMS</b>					

TOTAL IND.  
TOD  
DEP  
CL

3

34

37

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

PT 100 (9-78)

"MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS" U.S. DEPARTMENT OF COMMERCE  
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